## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Yoshifumi TANIMOTO Serial No: 10/045,698 Confirmation No.: 984

Filed:

9040

- neu.

January 10, 2002

For:

Relay Server, Communication System

and Facsimile System

Mail Stop AF

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Dear Sir:

Art Unit:

2157

Examiner:

Burgess, Barbara N.

I hereby certify that this correspondence is being transmitted via electronic filing on the date indicated below to:

Mail Stop AF

Commissioner for Patents

P.O. Box 1450

Signature

Alexandria, VA 22313-1450

March 9, 2007 Date of Deposit

Juanita Soberanis

Mame Surania Man

Mari

3/9/2007 Date

Transmitted herewith in the above-identified application are the following items:

Reply and Request for Reconsideration under 37 CFR 1.116.

Transmittal of Verified Translation of Priority Documents (JP 2001-007049; and JP 2001-007876).

No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR		(Col. 3) PRESENT LG/ EXTRA* \$ ENTI			ADD'L FEE DUE	
TOTAL CLAIMS FEE	21	-	21	**	0	LG=\$50 SM=\$25	\$50	\$	0
INDEPENDENT CLAIMS FEE	4	-	5	***	0	LG=\$200 SM=\$100	\$200	\$	0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS  LARGE ENTITY FEE = \$360  SMALL ENTITY FEE = \$180								\$	0
ADDITIONAL SIZE FEE (IF ANY) (TOTAL PAGES OF SPEC AND DRAWINGS TOGETHER) \$250 FOR EACH ADDITIONAL 50 SHEETS								\$	0
Independent Claims: 1, 2, 8 and 17 TOTAL								\$	0

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

Please charge the amount of \$\_\_ to cover the additional claims fee to Deposit Account No. 50-1314.

Please charge the amount of \$ to cover the extension fee to Deposit Account No. 50-1314.

The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314.

Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims

Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted, HOGAN-& HARTSON L.L.P.

Date: March 9, 2007

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